GEOK TABIL PLEASE TYPE OR PRINT DO NOT DETACH Ms. AMITAY SANDRA ☐ Mr. Artist (Last Name Last) Permanent RELLIMI Address Street HIO 44240 Daytime Tel. Area Code Temporary or Studio Address Street City Daytime Tel. ( Zip Area Code If you do not presently live in one of the counties of the Western Reserve, in which county were you born? Collaborator (If Anv) If May Show entries are not accepted or not sold:

N. A 5/1

**ENTRY BLANK** 

Special Instructions

to this address:

Artist will pick up at Museum. ☐ Museum should dispose of.

When necessary include below instructions or a drawing of how

the object is to be assembled and displayed.

☐ Museum should ship to artist at artist's expense

PLEASE HANDLE FROM BOTTOM OF FORM

This Entry Blank must be fully made out and signed. Unsigned THANK-YOU Entry Blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until July 21, 1985.

The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed in the Entry Information.

Amilan audra

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